
| | | | |
|-----------------------------|---|------------------------|---------------------------------|
| State: | Arkansas | Filing Company: | Hartford Life Insurance Company |
| TOI/Sub-TOI: | A03I Individual Annuities - Deferred Variable/A03I.002 Flexible Premium | | |
| Product Name: | ESV-HL | | |
| Project Name/Number: | ESV-HL/HL-ESV-12 | | |

Filing at a Glance

| | |
|----------------------|---|
| Company: | Hartford Life Insurance Company |
| Product Name: | ESV-HL |
| State: | Arkansas |
| TOI: | A03I Individual Annuities - Deferred Variable |
| Sub-TOI: | A03I.002 Flexible Premium |
| Filing Type: | Form |
| Date Submitted: | 11/01/2012 |
| SERFF Tr Num: | HARL-128750390 |
| SERFF Status: | Closed-Approved-Closed |
| State Tr Num: | |
| State Status: | Approved-Closed |
| Co Tr Num: | IPD-HL-ESV-12 |
| Implementation | On Approval |
| Date Requested: | |
| Author(s): | Jennifer Logee |
| Reviewer(s): | Linda Bird (primary) |
| Disposition Date: | 11/07/2012 |
| Disposition Status: | Approved-Closed |
| Implementation Date: | |

State Filing Description:

State: Arkansas
TOI/Sub-TOI: A03I Individual Annuities - Deferred Variable/A03I.002 Flexible Premium
Product Name: ESV-HL
Project Name/Number: ESV-HL/HL-ESV-12

Filing Company: Hartford Life Insurance Company

General Information

Project Name: ESV-HL
Project Number: HL-ESV-12
Requested Filing Mode: Review & Approval
Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact:
Deemer Date:
Submitted By: Jennifer Logee

Status of Filing in Domicile: Pending
Date Approved in Domicile:
Domicile Status Comments:
Market Type: Individual
Individual Market Type:
Filing Status Changed: 11/07/2012
State Status Changed: 11/07/2012
Created By: Jennifer Logee
Corresponding Filing Tracking Number:

Filing Description:

Included in this filing is an amendatory rider for your review and approval. This rider is new and does not replace any previously approved forms.

The purpose of this rider is to be used in connection with an offer to Contract Owners to voluntarily elect to terminate their contracts and riders without penalty or fees in exchange for an Enhanced Surrender Value. This offer will be extended to those eligible Contract Owners whose contract has an optional guaranteed minimum withdrawal benefit.

This optional rider will be used with the following Individual Variable Annuity Contracts:

HL-VA03 approved by your state on 02/20/2003.
HL-VAXC03 approved by your state on 02/21/2003.
HL-ASHARE03 approved by your state on 01/29/2003.
HL-NCDSC03 approved by your state on 02/20/2003.

Please note that except for the form numbers and Company reference these forms are identical to the forms that we are submitting concurrently via a separate filing for the Hartford Life and Annuity Insurance Company.

The bracketed items are variable and may be modified on a non-discriminatory basis. A Statement of Variables describing the bracketing parameters has been enclosed for each form.

Since these forms will be used with SEC registered product(s) we believe they are exempt from the language simplification requirements of your state. Unless otherwise informed, we reserve the right to alter the layout, format, color and typeface of these forms.

Your review of this submission is appreciated. Please feel free to contact me with any questions you may have.

Sincerely,
Jennifer Logee
Annuity Compliance
(860) 843-5972
Jennifer.Logee@thehartford.com

Company and Contact

State: Arkansas **Filing Company:** Hartford Life Insurance Company
TOI/Sub-TOI: A03I Individual Annuities - Deferred Variable/A03I.002 Flexible Premium
Product Name: ESV-HL
Project Name/Number: ESV-HL/HL-ESV-12

Filing Contact Information

Jennifer Logee, Sr. Contract Specialist jennifer.logee@thehartford.com
200 Hopmeadow St 860-843-5972 [Phone]
Simsbury, CT 06089

Filing Company Information

| | | |
|---------------------------------|-------------------------|--------------------------------|
| Hartford Life Insurance Company | CoCode: 88072 | State of Domicile: Connecticut |
| 200 Hopmeadow Street | Group Code: 91 | Company Type: Life |
| Simsbury, CT 06089 | Group Name: | State ID Number: |
| (860) 547-5000 ext. [Phone] | FEIN Number: 06-0974148 | |

Filing Fees

| | |
|------------------|-------------------------|
| Fee Required? | Yes |
| Fee Amount: | \$50.00 |
| Retaliatory? | No |
| Fee Explanation: | AR fee of \$50 per form |
| Per Company: | No |

| Company | Amount | Date Processed | Transaction # |
|---------------------------------|---------|----------------|---------------|
| Hartford Life Insurance Company | \$50.00 | 11/01/2012 | 64489981 |

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|-----------------------------|---|--------------------------|---------------------------------|----------------------------|---------------|
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| Product Name: | ESV-HL | | | | |
| Project Name/Number: | ESV-HL/HL-ESV-12 | | | | |

Correspondence Summary

Dispositions

| Status | Created By | Created On | Date Submitted |
|-----------------|------------|------------|----------------|
| Approved-Closed | Linda Bird | 11/07/2012 | 11/07/2012 |

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| Product Name: | ESV-HL | | |
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Disposition

Disposition Date: 11/07/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

| Schedule | Schedule Item | Schedule Item Status | Public Access |
|---------------------|--------------------------------|----------------------|---------------|
| Supporting Document | Flesch Certification | | No |
| Supporting Document | Application | | No |
| Supporting Document | Life & Annuity - Acturial Memo | | No |
| Supporting Document | Statement of Variability | | Yes |
| Form | Enhanced Surrender Value | | Yes |

| | | | |
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| Product Name: | ESV-HL | | |
| Project Name/Number: | ESV-HL/HL-ESV-12 | | |

Form Schedule

| Lead Form Number: HL-ESV-12 | | | | | | | | |
|-----------------------------|----------------------|--------------------------|-------------|-----------|-------------|----------------------|-------------------|---------------|
| Item No. | Schedule Item Status | Form Name | Form Number | Form Type | Form Action | Action Specific Data | Readability Score | Attachments |
| 1 | | Enhanced Surrender Value | HL-ESV-12 | POLA | Initial | | 0.000 | HL-ESV-12.pdf |

Form Type Legend:

| | | | |
|-------------|---|-------------|--|
| ADV | Advertising | AEF | Application/Enrollment Form |
| CER | Certificate | CERA | Certificate Amendment, Insert Page, Endorsement or Rider |
| DDP | Data/Declaration Pages | FND | Funding Agreement (Annuity, Individual and Group) |
| MTX | Matrix | NOC | Notice of Coverage |
| OTH | Other | OUT | Outline of Coverage |
| PJK | Policy Jacket | POL | Policy/Contract/Fraternal Certificate |
| POLA | Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider | SCH | Schedule Pages |



Hartford Life Insurance Company
200 Hopmeadow Street
Simsbury, CT 06089

AMENDATORY RIDER

**Voluntary Program
To
Surrender Contract and In Force Riders
And
Receive Enhanced Surrender Value**

This Rider is issued as part of, and amends your Contract. Capitalized terms have the meanings set forth in your Contract. "We", "us" and "our" mean Hartford Life Insurance Company or Hartford Life and Annuity Insurance Company. "You" and "your" mean the Contract Owner.

This Rider **is not effective until** after our receipt at our Administrative Offices of your signed and properly completed acknowledgement form and full surrender request to participate in the voluntary program.

When this rider becomes effective:

- (a) it supersedes any conflicting provision of your Contract;
- (b) we will pay you the Enhanced Surrender Value amount described below;
- (c) your Contract and all riders and guaranteed benefits will be fully surrendered and all insurance coverage and benefits will immediately terminate;
- (d) you may not reinstate your Contract.

The Enhanced Surrender Value is calculated as of the Valuation Day we receive your signed and properly completed acknowledgement form and full surrender request and any other administrative forms required. The Enhanced Surrender Value is the greater of:

- (a) Contract Value; or
- (b) Contract Value plus [20%] of your Payment Base, not to exceed a cap of [90%] of your Payment Base. Your Payment Base is determined as of [date]. No automatic Payment Base increases apply after [date]. The cap will be adjusted for any Partial Surrenders taken between [date] and the Valuation Day the Enhanced Surrender Value is calculated.

There may be restrictions on your ability to participate in this voluntary program. This voluntary program may be cancelled with prior notification from us.

Signed for **Hartford Life Insurance Company**

Beth Bombara, President

Terence Shields, Corporate Secretary

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|-----------------------------|---|--------------------------|---------------------------------|----------------------------|---------------|
| SERFF Tracking #: | HARL-128750390 | State Tracking #: | | Company Tracking #: | IPD-HL-ESV-12 |
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| Project Name/Number: | ESV-HL/HL-ESV-12 | | | | |

Supporting Document Schedules

| | | Item Status: | Status Date: |
|-------------------|--------------------------|--------------|--------------|
| Satisfied - Item: | Statement of Variability | | |
| Comments: | | | |
| Attachment(s): | | | |
| HL-ESV-12 SOV.pdf | | | |

STATEMENT OF VARIABLES

Hartford Life Insurance Company

**Voluntary Program To
Surrender Contract and In Force Riders
And Receive Enhanced Surrender Value**

**Form Number: HL-ESV-12
November 1, 2012**

Changes in variable text will be administered by the Company pursuant to the information provided below in a non-discriminatory manner.

| Variable Number | VARIABLE ITEM | DESCRIPTION |
|----------------------------|----------------------|--|
| 1 | 20% | Range: 5% - 40% When this rider is initially offered, the percent of Payment Base will be 20%. We may decide in the future to change the percent prospectively between 5 and 40%. |
| 2 | 90% | Range: 70% - 100% When this rider is initially offered, the percent of Payment Base will be 90%. We may decide in the future to change the percent prospectively between 70 and 100%. |
| 3 | Date | Effective date of the voluntary program |
| 4 | SIGNATURES | The signatures and titles are those in effect and over time may change. The signatures and titles will be of those officers applicable at the time the Rider is issued. |